



PATENT
ATTORNEY DOCKET NUMBER: 50290/003001

Certificate of Mailing: Date of Deposit: June 7, 2006

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Colleen Lombard
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Colleen Lombard
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Renhard Hopfl	Confirmation No.:	6698
Serial No.:	09/486,394	Art Unit:	3736
Filed:	June 20, 2000	Examiner:	P. Wingood
Patent No:	6,478,749 B1		
Issued:	November 12, 2002		
Customer No.:	21559		
Title:	DIAGNOSTIC KIT FOR SKIN TESTS, AND METHOD		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATUS INQUIRY

Applicant hereby inquires as to the status of the above-captioned application.

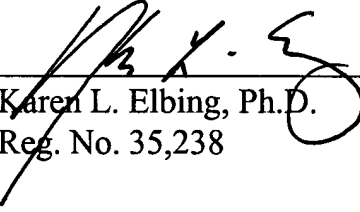
Applicant filed an Information Disclosure Statement on May 19, 2003 and requests confirmation that this Statement was made of record in the above-referenced patent file pursuant to 35 U.S.C. § 301 and 37 C.F.R. § 1.501(a).

Enclosed are the IDS, PTO 1449 form, and the stamped postcard indicating the
IDS was received on May 22, 2003.

If there are any charges or any credits, please apply them to Deposit Account No.
03-2095.

Respectfully submitted,

Date: 07 June 2006



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** PROSECUTION **

PATENT

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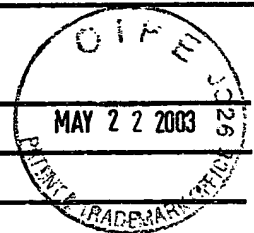
The U.S. PTO date stamp sets forth the date of receipt of:

Applicant/Patentee: Reinhard Hopfl

Serial/Patent Number: 09/486,394

Filed/Issued: July 30, 1998

Title: DIAGNOSTIC KIT FOR SKIN TESTS, AND METHOD



<input type="checkbox"/> Transmittal Letter	Pages: _____	<input type="checkbox"/> Declaration & POA	Pages: _____
<input type="checkbox"/> Notice of Missing Parts	Pages: _____	<input type="checkbox"/> Assignment & Cover Sheet	Pages: _____
<input type="checkbox"/> Reply to Missing Parts	Pages: _____	<input type="checkbox"/> Change of Address	Pages: _____
<input type="checkbox"/> Reply to Examiner's Action	Pages: _____	<input type="checkbox"/> Small Entity Statement	Pages: _____
<input type="checkbox"/> Extension of Time	Pages: _____	<input type="checkbox"/> Preliminary Amendment	Pages: _____
<input type="checkbox"/> Notice of Appeal	Pages: _____	<input checked="" type="checkbox"/> IDS	Pages: <u>2</u>
<input type="checkbox"/> Appeal Brief	Pages: _____	<input checked="" type="checkbox"/> Cited References	Number: <u>12</u>
<input type="checkbox"/> Drawings Formal/Informal	Pages: _____	<input checked="" type="checkbox"/> Other <u>PTO 1449 Form</u>	Pages: <u>1</u>
<input type="checkbox"/> M-Fee Payment	Pages: _____	<input type="checkbox"/> Other _____	Pages: _____
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